

Before Starting the Project Application

To ensure that the Project Application is completed accurately, ALL project applicants should review the following information BEFORE beginning the application.

Things to Remember:

- Additional training resources can be found on the HUD Exchange at <https://www.hudexchange.info/e-snaps/guides/coc-program-competition-resources>.
- Program policy questions and problems related to completing the application in e-snaps may be directed to HUD the HUD Exchange Ask A Question.
- Project applicants are required to have a Data Universal Numbering System (DUNS) number and an active registration in the Central Contractor Registration (CCR)/System for Award Management (SAM) in order to apply for funding under the Fiscal Year (FY) 2018 Continuum of Care (CoC) Program Competition. For more information see FY 2018 CoC Program Competition NOFA.
- To ensure that applications are considered for funding, applicants should read all sections of the FY 2018 CoC Program NOFA and the FY 2018 General Section NOFA.
- Detailed instructions can be found on the left menu within e-snaps. They contain more comprehensive instructions and so should be used in tandem with onscreen text and the hide/show instructions found on each individual screen.
- New projects may only be submitted as either Reallocated or Permanent Supportive Housing Bonus Projects. These funding methods are determined in collaboration with local CoC and it is critical that applicants indicate the correct funding method. Project applicants must communicate with their CoC to make sure that the CoC submissions reflect the same funding method.
- Before completing the project application, all project applicants must complete or update (as applicable) the Project Applicant Profile in e-snaps.
- HUD reserves the right to reduce or reject any new project that fails to adhere to (24 CFR part 578 and application requirements set forth in FY 2018 CoC Program Competition NOFA.

1A. SF-424 Application Type

1. Type of Submission:

2. Type of Application: New Project Application

If Revision, select appropriate letter(s):

If "Other", specify:

3. Date Received: 09/01/2018

4. Applicant Identifier:

5a. Federal Entity Identifier:

6. Date Received by State:

7. State Application Identifier:

1B. SF-424 Legal Applicant

8. Applicant

a. Legal Name: Center City Housing Corp.

b. Employer/Taxpayer Identification Number (EIN/TIN): 36-3485584

	c. Organizational DUNS:	836673194	PLUS 4:	
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d. Address

Street 1: 105 1/2 West 1st St

Street 2:

City: Duluth

County: St. Louis

State: Minnesota

Country: United States

Zip / Postal Code: 55802

e. Organizational Unit (optional)

Department Name:

Division Name:

f. Name and contact information of person to be contacted on matters involving this application

Prefix: Ms.

First Name: Nancy

Middle Name:

Last Name: Cashman

Suffix:

Title: Supportive Housing Director

Organizational Affiliation: Center City Housing Corp.

Telephone Number: (218) 722-7161

Applicant: Center City Housing

836673194

Project: Garfield Square

161433

Extension:

Fax Number: (218) 720-3483

Email: ncashman@centercityhousing.org

1C. SF-424 Application Details

9. Type of Applicant: M. Nonprofit with 501C3 IRS Status

10. Name of Federal Agency: Department of Housing and Urban Development

11. Catalog of Federal Domestic Assistance Title: CoC Program

CFDA Number: 14.267

12. Funding Opportunity Number: FR-6200-N-25

Title: Continuum of Care Homeless Assistance Competition

13. Competition Identification Number:

Title:

1D. SF-424 Congressional District(s)

14. Area(s) affected by the project (state(s) only): Minnesota
(for multiple selections hold CTRL key)

15. Descriptive Title of Applicant's Project: Garfield Square

16. Congressional District(s):

a. Applicant: MN-008, MN-007, MN-006, MN-001

b. Project: MN-008
(for multiple selections hold CTRL key)

17. Proposed Project

a. Start Date: 09/01/2019

b. End Date: 08/31/2020

18. Estimated Funding (\$)

a. Federal:

b. Applicant:

c. State:

d. Local:

e. Other:

f. Program Income:

g. Total:

1E. SF-424 Compliance

- 19. Is the Application Subject to Review By State Executive Order 12372 Process?** b. Program is subject to E.O. 12372 but has not been selected by the State for review.

If "YES", enter the date this application was made available to the State for review:

- 20. Is the Applicant delinquent on any Federal debt?** No

If "YES," provide an explanation:

1F. SF-424 Declaration

By signing and submitting this application, I certify (1) to the statements contained in the list of certifications** and (2) that the statements herein are true, complete, and accurate to the best of my knowledge. I also provide the required assurances** and agree to comply with any resulting terms if I accept an award. I am aware that any false, fictitious, or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties. (U.S. Code, Title 218, Section 1001)

I AGREE: ☒

21. Authorized Representative

Prefix: Mr.

First Name: Richard

Middle Name:

Last Name: Klun

Suffix:

Title: Executive Director

Telephone Number: (218) 722-7161
(Format: 123-456-7890)

Fax Number: (218) 720-3483
(Format: 123-456-7890)

Email: rklun@centercityhousing.org

Signature of Authorized Representative: Considered signed upon submission in e-snaps.

Date Signed: 09/01/2018

1G. HUD 2880

Applicant/Recipient Disclosure/Update Report - Form 2880
U.S. Department of Housing and Urban Development
OMB Approval No. 2510-0011 (exp.11/30/2018)

Applicant/Recipient Information

1. Applicant/Recipient Name, Address, and Phone

Agency Legal Name: Center City Housing Corp.

Prefix: Mr.

First Name: Richard

Middle Name:

Last Name: Klun

Suffix:

Title: Executive Director

Organizational Affiliation: Center City Housing Corp.

Telephone Number: (218) 722-7161

Extension:

Email: rklun@centercityhousing.org

City: Duluth

County: St. Louis

State: Minnesota

Country: United States

Zip/Postal Code: 55802

2. Employer ID Number (EIN): 36-3485584

3. HUD Program: Continuum of Care Program

4. Amount of HUD Assistance Requested/Received: \$170,592.00

(Requested amounts will be automatically entered within applications)

5. State the name and location (street address, City and State) of the project or activity.

Refer to project name, addresses and CoC Project Identifying Number (PIN) entered into the attached project application.

Part I Threshold Determinations

1. Are you applying for assistance for a specific project or activity? **Yes**
(For further information, see 24 CFR Sec. 4.3).

2. Have you received or do you expect to receive assistance within the jurisdiction of the Department (HUD), involving the project or activity in this application, in excess of \$200,000 during this fiscal year (Oct. 1 - Sep. 30)? For further information, see 24 CFR Sec. 4.9. **Yes**

Part II Other Government Assistance Provided or Requested/Expected Sources and Use of Funds

Such assistance includes, but is not limited to, any grant, loan, subsidy, guarantee, insurance, payment, credit, or tax benefit.

Department/Local Agency Name and Address	Type of Assistance	Amount Requested / Provided	Expected Uses of the Funds
Center City Housing Corp.	SHP	\$604,077.00	supportive housing
NA	NA	\$0.00	NA
NA	NA	\$0.00	NA
NA	NA	\$0.00	NA
NA	NA	\$0.00	NA

Note: If additional sources of Government Assistance, please use the "Other Attachments" screen of the project applicant profile.

Part III Interested Parties

You must disclose:

1. All developers, contractors, or consultants involved in the application for the assistance or in the planning, development, or implementation of the project or activity and
2. any other person who has a financial interest in the project or activity for which the assistance is sought that exceeds \$50,000 or 10 percent of the assistance (whichever is lower).

Alphabetical list of all persons with a reportable financial interest in the project or activity (For individuals, give the last name first)	Social Security No. or Employee ID No.	Type of Participation	Financial Interest in Project/Activity (\$)	Financial Interest in Project/Activity (%)
NA	NA	NA	\$0.00	0%
NA	NA	NA	\$0.00	0%
NA	NA	NA	\$0.00	0%
NA	NA	NA	\$0.00	0%
NA	NA	NA	\$0.00	0%

Note: If there are no other people included, write NA in the boxes.

Certification

Warning: If you knowingly make a false statement on this form, you may be subject to civil or criminal penalties under Section 1001 of Title 18 of the United States Code. In addition, any person who knowingly and materially violates any required disclosures of information, including intentional nondisclosure, is subject to civil money penalty not to exceed \$10,000 for each violation.

I certify that this information is true and complete.

I AGREE: ☒

Name / Title of Authorized Official: Richard Klun, Executive Director

Signature of Authorized Official: Considered signed upon submission in e-snaps.

Date Signed: 08/21/2017

1H. HUD 50070

HUD 50070 Certification for a Drug Free Workplace

Applicant Name: Center City Housing Corp.

Program/Activity Receiving Federal Grant Funding: CoC Program

Acting on behalf of the above named Applicant as its Authorized Official, I make the following certifications and agreements to the Department of Housing and Urban Development (HUD) regarding the sites listed below:

I certify that the above named Applicant will or will continue to provide a drug-free workplace by:	
a. Publishing a statement notifying employees that the unlawful manufacture, distribution, dispensing, possession, or use of a controlled substance is prohibited in the Applicant's workplace and specifying the actions that will be taken against employees for violation of such prohibition.	e. Notifying the agency in writing, within ten calendar days after receiving notice under subparagraph d.(2) from an employee or otherwise receiving actual notice of such conviction. Employers of convicted employees must provide notice, including position title, to every grant officer or other designee on whose grant activity the convicted employee was working, unless the Federal agency has designated a central point for the receipt of such notices. Notice shall include the identification number(s) of each affected grant;
b. Establishing an on-going drug-free awareness program to inform employees --- (1) The dangers of drug abuse in the workplace (2) The Applicant's policy of maintaining a drug-free workplace; (3) Any available drug counseling, rehabilitation, and employee assistance programs; and (4) The penalties that may be imposed upon employees for drug abuse violations occurring in the workplace.	f. Taking one of the following actions, within 30 calendar days of receiving notice under subparagraph d.(2), with respect to any employee who is so convicted --- (1) Taking appropriate personnel action against such an employee, up to and including termination, consistent with the requirements of the Rehabilitation Act of 1973, as amended; or (2) Requiring such employee to participate satisfactorily in a drug abuse assistance or rehabilitation program approved for such purposes by a Federal, State, or local health, law enforcement, or other appropriate agency;
c. Making it a requirement that each employee to be engaged in the performance of the grant be given a copy of the statement required by paragraph a.;	g. Making a good faith effort to continue to maintain a drugfree workplace through implementation of paragraphs a. thru f.
d. Notifying the employee in the statement required by paragraph a. that, as a condition of employment under the grant, the employee will --- (1) Abide by the terms of the statement; and (2) Notify the employer in writing of his or her conviction for a violation of a criminal drug statute occurring in the workplace no later than five calendar days after such conviction;	

2. Sites for Work Performance.

The Applicant shall list (on separate pages) the site(s) for the performance of work done in connection with the HUD funding of the program/activity shown above: Place of Performance shall include the street address, city, county, State, and zip code. Identify each sheet with the Applicant name and address and the program/activity receiving grant funding.)
Workplaces, including addresses, entered in the attached project application.
Refer to addresses entered into the attached project application.

I hereby certify that all the information stated herein, as well as any information provided in

X

the accompaniment herewith, is true and accurate.



Warning: HUD will prosecute false claims and statements. Conviction may result in criminal and/or civil penalties. (18 U.S.C. 1001, 1010, 1012; 31 U.S.C. 3729, 3802)

Authorized Representative

Prefix: Mr.

First Name: Richard

Middle Name

Last Name: Klun

Suffix:

Title: Executive Director

Telephone Number: (218) 722-7161
(Format: 123-456-7890)

Fax Number: (218) 720-3483
(Format: 123-456-7890)

Email: rklun@centercityhousing.org

Signature of Authorized Representative: Considered signed upon submission in e-snaps.

Date Signed: 09/01/2018

CERTIFICATION REGARDING LOBBYING

Certification for Contracts, Grants, Loans, and Cooperative Agreements

The undersigned certifies, to the best of his or her knowledge and belief, that:

(1) No Federal appropriated funds have been paid or will be paid, by or on behalf of the undersigned, to any person for influencing or attempting to influence an officer or employee of an agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with the awarding of any Federal contract, the making of any Federal grant, the making of any Federal loan, the entering into of any cooperative agreement, and the extension, continuation, renewal, amendment, or modification of any Federal contract, grant, loan, or cooperative agreement.

2) If any funds other than Federal appropriated funds have been paid or will be paid to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with this Federal contract, grant, loan, or cooperative agreement, the undersigned shall complete and submit Standard Form-LLL, "Disclosure of Lobbying Activities," in accordance with its instructions.

(3) The undersigned shall require that the language of this certification be included in the award documents for all subawards at all tiers (including subcontracts, subgrants, and contracts under grants, loans, and cooperative agreements) and that all subrecipients shall certify and disclose accordingly. This certification is a material representation of fact upon which reliance was placed when this transaction was made or entered into. Submission of this certification is a prerequisite for making or entering into this transaction imposed by section 1352, title 31, U.S. Code. Any person who fails to file the required certification shall be subject to a civil penalty of not less than \$10,000 and not more than \$100,000 for each such failure.

Statement for Loan Guarantees and Loan Insurance

The undersigned states, to the best of his or her knowledge and belief, that:

If any funds have been paid or will be paid to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with this commitment providing for the United States to insure or guarantee a loan, the undersigned shall complete and submit Standard Form-LLL, "Disclosure of Lobbying Activities," in accordance with its instructions. Submission of this statement is a prerequisite for making or entering into this transaction imposed by section 1352, title 31, U.S. Code. Any person who fails to file

the required statement shall be subject to a civil penalty of not less than \$10,000 and not more than \$100,000 for each such failure.

I hereby certify that all the information stated herein, as well as any information provided in the accompaniment herewith, is true and accurate:

X

Warning: HUD will prosecute false claims and statements. Conviction may result in criminal and/or civil penalties. (18 U.S.C. 1001, 1010, 1012; 31 U.S.C. 3729, 3802)

Applicant's Organization: Center City Housing Corp.

Name / Title of Authorized Official: Richard Klun, Executive Director

Signature of Authorized Official: Considered signed upon submission in e-snaps.

Date Signed: 09/01/2018

1J. SF-LLL

DISCLOSURE OF LOBBYING ACTIVITIES

Complete this form to disclose lobbying activities pursuant to 31 U.S.C. 1352.

Approved by OMB0348-0046

HUD requires a new SF-LLL submitted with each annual CoC competition and completing this screen fulfills this requirement.

Answer "Yes" if your organization is engaged in lobbying associated with the CoC Program and answer the questions as they appear next on this screen. The requirement related to lobbying as explained in the SF-LLL instructions states: "The filing of a form is required for each payment or agreement to make payment to any lobbying entity for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with a covered Federal action."

Answer "No" if your organization is NOT engaged in lobbying.

Does the recipient or subrecipient of this CoC grant participate in federal lobbying activities (lobbying a federal administration or congress) in connection with the CoC Program? No

Legal Name: Center City Housing Corp.

Street 1: 105 1/2 West 1st St

Street 2:

City: Duluth

County: St. Louis

State: Minnesota

Country: United States

Zip / Postal Code: 55802

11. Information requested through this form is authorized by title 31 U.S.C. section 1352. This disclosure of lobbying activities is a material representation of fact upon which reliance was placed by the tier above when this transaction was made or entered into. This disclosure is required pursuant to 31 U.S.C. 1352. This information will be available for public inspection. Any person who fails to file the required disclosure shall be subject to a civil penalty of not less than \$10,000 and not more than \$100,000 for each such failure.

I certify that this information is true and complete.

X

Authorized Representative

Prefix: Mr.

First Name: Richard

Middle Name:

Last Name: Klun

Suffix:

Title: Executive Director

Telephone Number: (218) 722-7161
(Format: 123-456-7890)



Fax Number: (218) 720-3483
(Format: 123-456-7890)

Email: rklun@centercityhousing.org

Signature of Authorized Representative: Considered signed upon submission in e-snaps.

Date Signed: 09/01/2018

2A. Project Subrecipients

This form lists the subrecipient organization(s) for the project. To add a subrecipient, select the  icon. To view or update subrecipient information already listed, select the view  option.

Total Expected Sub-Awards: \$0

Organization	Type	Sub-Award Amount
This list contains no items		

2B. Experience of Applicant, Subrecipient(s), and Other Partners

1. Describe the experience of the applicant and potential subrecipients (if any), in effectively utilizing federal funds and performing the activities proposed in the application, given funding and time limitations.

Center City Housing Corp. (CCHC) currently manages HUD SHP funds that support nine supportive housing programs in Minnesota. WE have a strong record of good performance, meeting and exceeding outcomes, expending funds in a timely manner and receiving good monitoring reports from Field Staff. In addition, CCHC has extensive experience in working with single adults who have high barriers to housing success, have mental and chemical health issues and need comprehensive supports to attain and maintain long term housing stability. CCHC has been a leader in Minnesota in developing and implementing Housing First programs utilizing Harm Reduction principles. CCHC has been a low income housing developer and provider since 1986. CCHC currently owns and operates 814 units of housing throughout Minnesota. Those units include transitional housing, permanent supportive housing, subsidized affordable and standard affordable housing. In addition to housing singles we also provide supportive housing to homeless/chronic singles adults, families with children and youth.

2. Describe the experience of the applicant and potential subrecipients (if any) in leveraging other Federal, State, local, and private sector funds.

CCHC has a long history of successfully fund raising over the last 33 years. This includes securing low income tax credits and bond funds for capital projects along with operations and supportive services funds to maintain program stability for many years. In all of our programs, HUD funds make up a portion of the budget. Funds from federal, state, local and private sector are raised each year to meet budget needs. This includes: CDBG, ESG, HOME, State of MN Dept. of Human Services, United Way and local philanthropy.

3. Describe the basic organization and management structure of the applicant and subrecipients (if any). Include evidence of internal and external coordination and an adequate financial accounting system.

CCHC is a non profit with a strong Board of Directors. We have multiple layers of controls and have a history of good audits.

4a. Are there any unresolved monitoring or audit findings for any HUD grants(including ESG) operated by the applicant or potential subrecipients (if any)?

No

3A. Project Detail

1a. CoC Number and Name: MN-509 - Duluth/St. Louis County CoC

1b. CoC Collaborative Applicant Name: St. Louis County Public Health & Human Services

2. Project Name: Garfield Square

3. Project Status: Standard

4. Component Type: PH

4a. Will the PH project provide PSH or RRH? PSH

5. Does this project use one or more properties that have been conveyed through the Title V process? No

6. Is this new project application requesting to transition from eligible renewal project(s) that were awarded to the same recipient and fully eliminated through reallocation in the FY 2018 CoC Program Competition? (Section II.B.2. and Section III.C.3.q. of the FY 2018 NOFA). No

3B. Project Description

1. Provide a description that addresses the entire scope of the proposed project.

Garfield Square is a new permanent supportive housing project in Duluth, MN. CCHC has been awarded LIHTC and Housing Infrastructure Bonds from Minnesota Housing. The newly constructed building will contain 26 one bedroom apartments and will house high barrier single adults who meet the chronic homeless definition. The affordable one bedroom apartments will have a common space to encourage socialization. The project includes offices, support space to accommodate the case management activities, a secured entry and front desk, lounge spaces and laundry.

The proposed housing will be in a on four story, elevator-served building that will be wood frame with concrete slab-on-grade foundation, wood fiber cement siding, and an asphalt shingle roof. Outdoor patio /relaxation space will be provided. A wellness/walking path through the wooded portion of the bluff behind the building will also be incorporated to connect the building with the neighborhood surrounding it.

Twenty-six units will be dedicated to individuals who meet the chronic homeless definition. We anticipate the tenants will have behavioral health issues and dual occurring disorders, difficult rental and criminal histories and therefore are extremely hard to house. There is an extreme shortage of affordable rental housing, especially supportive housing, in Duluth. This new housing is the result of many years of planning and numerous community meetings to develop safe and sanitary housing.

CCHC will bring our years of experience providing supportive housing to similar tenants to this project. The services offered will reflect the needs of the tenants living in the building. Each tenant will have a specific tenant driven plan that is unique to them and their needs. 24 hour front desk staff/tenant assistants will be on site to ensure safety and support throughout the night. CCHC operates all for our programs as Housing First. WE utilize harm reduction principles in all of our projects. services are voluntary and designed to meet the individual needs of each tenant. The services team will be made up of a Case Manager, Targeted Case Management and ARMHS staff. all will be on site and available to tenants. CCHC will provide the case manager and the 24 hour front desk staff and the Human Development Center will provide TCM and ARMHS staff. These services can be provided after an intake and a diagnostic assessment with a mental health professional. This is necessary to determine eligibility for ARMHS and adult case management. The service staff will work directly with each household to identify barriers to long term housing success and then work to address those barriers. CCHC will partner with the Coordinated Entry System to fill the units. All units have a subsidy ensuring affordability and tenants will pay 30% of their income towards rent.

2. For each primary project location or structure in the project, enter the number of days from the execution of the grant agreement that each of the following milestones will occur as related to CoC Program funds requested in this project application. If a milestone is not applicable, leave the associated fields blank. If the project has only one location or

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structure, or no structures, complete only column A. If multiple structures, complete one column for each structure.

Note: To expend funds within statutorily required deadlines, project applicants must be able to begin assistance within 12 months of conditional award. The one exception is for applicants who are conditionally awarded sponsor-based and project-based rental assistance. These conditional award recipients will have 24 months to execute a grant agreement; however, HUD encourages all recipients conditionally awarded funds to begin assistance within 12 months. The estimated schedule should reflect these statutorily required deadlines.

Project Milestones	Days from Execution of Grant Agreement	Days from Execution of Grant Agreement	Days from Execution of Grant Agreement	Days from Execution of Grant Agreement
	A	B	C	D
New project staff hired, or other project expenses begin?	90			
Participant enrollment in project begins?	30			
Participants begin to occupy leased units or structure(s), and supportive services begin?	60			
Leased or rental assistance units or structure, and supportive services near 100% capacity?	180			
Closing on purchase of land, structure(s), or execution of structure lease?				
Rehabilitation started?				
Rehabilitation completed?				
New construction started?				
New construction completed?				

3. Will your project participate in a CoC Coordinated Entry Process? Yes

*** 4. Please identify the project's specific population focus.**
(Select ALL that apply)

Chronic Homeless	<input checked="" type="checkbox"/>	Domestic Violence	<input type="checkbox"/>
Veterans	<input checked="" type="checkbox"/>	Substance Abuse	<input checked="" type="checkbox"/>
Youth (under 25)	<input type="checkbox"/>	Mental Illness	<input checked="" type="checkbox"/>
Families	<input type="checkbox"/>	HIV/AIDS	<input type="checkbox"/>
		Other (Click 'Save' to update)	<input type="checkbox"/>

5. Housing First

a. Will the project quickly move participants into permanent housing? Yes

b. Does the project ensure that participants are not screened out based on the following items? Select all that apply.

Having too little or little income	<input checked="" type="checkbox"/>
Active or history of substance use	<input checked="" type="checkbox"/>
Having a criminal record with exceptions for state-mandated restrictions	<input checked="" type="checkbox"/>
History of victimization (e.g. domestic violence, sexual assault, childhood abuse)	<input checked="" type="checkbox"/>
None of the above	<input type="checkbox"/>

c. Does the project ensure that participants are not terminated from the program for the following reasons? Select all that apply.

Failure to participate in supportive services	<input checked="" type="checkbox"/>
Failure to make progress on a service plan	<input checked="" type="checkbox"/>
Loss of income or failure to improve income	<input checked="" type="checkbox"/>
Any other activity not covered in a lease agreement typically found for unassisted persons in the project's geographic area	<input checked="" type="checkbox"/>
None of the above	<input type="checkbox"/>

d. Will the project follow a "Housing First" approach? Yes
(Click 'Save' to update)

6. If applicable, describe the proposed development activities and the responsibilities that the applicant and potential subrecipients (if any) will have in developing, operating, and maintaining the property.

CCHC is the developer of the project and we will manage the construction of the new facility. We will also be the property manager and responsible for operating and maintaining the facility. We have years of experience in both activities. As part of the low income tax credit application we were required to submit a 20 year proforma that outlines the long term sustainability of the project.

7. Will participants be required to live in a particular structure, unit, or locality, at some point during the period of participation? Yes

Explain how and why the project will implement this requirement.

Garfield Square is new construction and all units will be within the development. There is a high need for more one bedroom units to the housing stock in Duluth.

It is not cost effective to add this type of housing one unit at a time. There are not available units in the current housing stock to create a project of this type using single units spread throughout the community. The project will meet the need of housing chronic homeless adults and add affordable units in Duluth.

8. Will more than 16 persons live in one structure? Yes

a. Describe the local market conditions that necessitate a project of this size.

The market study sums it up best when it states: The Garfield Square Apartments addresses two major community needs in Duluth and St. Louis County: "the need for an increased supply of affordable housing and the housing that is specifically designed to combat long term homelessness. There is a lack of available supportive housing for the target population within the region." Additionally, the study reports that, according to the 2015 Wilder Study of Homelessness and as reported in the market study, there are 316 individuals in St. Louis County. The Coordinated Entry System

b. Describe how the project will be integrated into the neighborhood.

The Lincoln Park Neighborhood is an ideal place to put the new housing. Potential tenants were surveyed and they support the site and the neighbors are very supportive. The Lincoln Park Business Association has been publicly supportive of the project as a way of improving the neighborhood - cleaning up something blighted as well as creating additional housing on vacant land. Many services such as banks, pharmacy, convenience store and community /senior center offer daily hot meals are all within walking distance of the property. The building site is on one of the many City Bus Lines and allowing the tenants access to almost everywhere in Duluth. Employment is also available in the area or via bus. Finally, the building is located on the cross-city bike trail allowing alternative transportation via bike. CCHC worked with the local police department to identify a site for the proposed project in an area that would be a good balance to the other surrounding uses. They tried to pick a tax forfeiture property in order to assist the County and get a property back on the tax rolls.

Dedicated and DedicatedPLUS

A "100% Dedicated" project is a permanent supportive housing project that commits 100% of its beds to chronically homeless individuals and families, according to NOFA Section III.3.b.

A "DedicatedPLUS" project is a permanent supportive housing project where 100% of the beds are dedicated to serve individuals with disabilities and families in which one adult or child has a disability, including unaccompanied homeless youth, that at a minimum, meet ONE of the following criteria according to NOFA Section III.3.d:

- (1) experiencing chronic homelessness as defined in 24 CFR 578.3;
- (2) residing in a transitional housing project that will be eliminated and meets the definition of chronically homeless in effect at the time in which the individual or family entered the transitional

housing project;

(3) residing in a place not meant for human habitation, emergency shelter, or safe haven; but the individuals or families experiencing chronic homelessness as defined at 24 CFR 578.3 had been admitted and enrolled in a permanent housing project within the last year and were unable to maintain a housing placement;

(4) residing in transitional housing funded by a joint TH and PH-RRH component project and who were experiencing chronic homelessness as defined at 24 CFR 578.3 prior to entering the project;

(5) residing and has resided in a place not meant for human habitation, a safe haven, or emergency shelter for at least 12 months in the last three years, but has not done so on four separate occasions; or

(6) receiving assistance through a Department of Veterans Affairs(VA)-funded homeless assistance program and met one of the above criteria at initial intake to the VA's homeless assistance system.

A renewal project where 100 percent of the beds are dedicated in their current grant as described in NOFA Section III.A.3.b. must either become DedicatedPLUS or remain 100% Dedicated. If a renewal project currently has 100 percent of its beds dedicated to chronically homeless individuals and families and elects to become a DedicatedPLUS project, the project will be required to adhere to all fair housing requirements at 24 CFR 578.93. Any beds that the applicant identifies in this application as being dedicated to chronically homeless individuals and families in a DedicatedPLUS project must continue to operate in accordance with Section III.A.3.b. Beds are identified on Screen 4B.

10. Indicate whether the project is “100% Dedicated,” or “DedicatedPLUS,” according to the information provided above. 100% Dedicated

3C. Project Expansion Information

1. Will the project use an existing homeless facility or incorporate activities provided by an existing project? No

4A. Supportive Services for Participants

1. Applicants requesting funds to provide housing or services to children and youth, with or without families, must establish policies and practices that are consistent with and do not restrict the exercise of rights provided by subtitle B of title VII of the McKinney-Vento Act (42 U.S.C. 11431, et seq.), and other laws (e.g. Head Start, part C of the Individuals with Disabilities Education Act) relating to the provision of educational and related services to individuals and families experiencing homelessness. Projects serving households with children or youth must have a staff person that is designated to ensure children or youth are enrolled in school and connected to the appropriate services within the community. Reminder: failure to comply with federal education assurances may result in Federal sanctions and significantly reduce the likelihood of receiving funding through the CoC Program Competition.

Please check the box that you acknowledge you will be required to meet the above requirements if you have any qualifying participants.

X

2. Describe how participants will be assisted to obtain and remain in permanent housing.

All tenants will be homeless upon entry and ending their homelessness. Many will be exiting emergency shelter, transitional housing or coming right off the streets. All will be chronically homeless. Staff will work directly with the Coordinated Entry system to identify appropriate applicants. The Case Manager will assist applicants with completing all needed paperwork for entry into the project. Once an applicant has moved in to the facility, there will be comprehensive services available to all. It is expected because all tenants will meet the chronic homeless definition, that they will bring challenges to maintaining their housing. To respond to those issues, the service model will utilize harm reduction principles and all activities are designed to support tenants in maintaining long term housing. Policies and practices will be in place to work cooperatively with property management to support the tenant.

3. Describe specifically how participants will be assisted both to increase their employment and/or income and to maximize their ability to live independently.

A primary objective is to support tenants in securing stable sources of income. The assessment process will identify if individuals are eligible for SSI and other mainstream resources. The supportive services staff will assist tenants with the SSI application process. Tenants have high barriers to obtaining and maintaining employment. The case manager will assist tenants in achieving a level of stability (i.e. secure housing, address chemical dependency and behavioral/physical health issues, etc.) from which they can move into work. The case manager will work with tenants and employers to help employees

address issues like housing, transportation, securing required tools and work clothes that can negatively impact job attendance and performance. Tenants will address destabilizing issues as they strive to be both successful residents and successful employees. Participating in services is not required. However, receiving assistance through on-site programs necessitates addressing issues that are destabilizing. Many tenants require support simply to maintain their housing and behaviors bring them into conflict with management. such discord provides staff a doorway to develop a relationship with the tenant that can result in addressing other issues. A range of services are available to tenants and the case manager will help them access these services. Behavior health supports is available on site through he Human Development Center.

4. For all supportive services available to participants, indicate who will provide them and how often they will be provided.

Click 'Save' to update.

Supportive Services		Provider	Frequency
Assessment of Service Needs		Applicant	Quarterly
Assistance with Moving Costs			
Case Management		Applicant	Daily
Child Care			
Education Services		Non-Partner	As needed
Employment Assistance and Job Training		Partner	Monthly
Food		Applicant	As needed
Housing Search and Counseling Services			
Legal Services			
Life Skills Training			
Mental Health Services		Partner	Daily
Outpatient Health Services			
Outreach Services			
Substance Abuse Treatment Services		Non-Partner	As needed
Transportation		Applicant	As needed
Utility Deposits			

5. Please identify whether the project will include the following activities:



5a. Transportation assistance to clients to attend mainstream benefit appointments, employment training, or jobs? Yes

5b. Regular follow-ups with participants to ensure mainstream benefits are received and renewed? Yes

6. Will project participants have access to SSI/SSDI technical assistance provided by the applicant, a subrecipient, or partner agency? Yes

6a. Has the staff person providing the technical assistance completed SOAR training in the past 24 months. Yes

4B. Housing Type and Location

The following list summarizes each housing site in the project. To add a housing site to the list, select the  icon. To view or update a housing site already listed, select the  icon.

Total Units: 26

Total Beds: 26

Total Dedicated CH Beds: 26

Housing Type	Housing Type (JOINT)	Units	Beds
Clustered apartments	---	26	26

4B. Housing Type and Location Detail

1. **Housing Type:** Clustered apartments

2. **Indicate the maximum number of units and beds available for project participants at the selected housing site.**

a. **Units:** 26

b. **Beds:** 26

3. **How many beds of the total beds in “2b. Beds” are dedicated to the chronically homeless?** 26

This includes both the “dedicated” and “prioritized” beds.

4. Address:

Project applicants must enter an address for all proposed and existing properties. If the location is not yet known, enter the expected location of the housing units. For Scattered-site and Single-family home housing, or for projects that have units at multiple locations, project applicants should enter the address where the majority of beds will be located or where the majority of beds are located as of the application submission. Where the project uses tenant-based rental assistance in the RRH portion, or if the address for scattered-site or single-family homes housing cannot be identified at the time of application, enter the address for the project's administration office. Projects serving victims of domestic violence, including human trafficking, must use a PO Box or other anonymous address to ensure the safety of participants.

Street 1: 105 1/2 West 1st St

Street 2:

City: Duluth

State: Minnesota

ZIP Code: 55802

***5. Select the geographic area(s) associated with the address. For new projects, select the area(s) expected to be covered.
(for multiple selections hold CTRL key)**

271266 Duluth

5A. Project Participants - Households

Households Table

	Households with at Least One Adult and One Child	Adult Households without Children	Households with Only Children	Total
Number of Households		26		26
Characteristics	Persons in Households with at Least One Adult and One Child	Adult Persons in Households without Children	Persons in Households with Only Children	Total
Adults over age 24		26		26
Adults ages 18-24				0
Accompanied Children under age 18				0
Unaccompanied Children under age 18				0
Total Persons	0	26	0	26

Click Save to automatically calculate totals

5B. Project Participants - Subpopulations

Persons in Households with at Least One Adult and One Child

Characteristics	Chronically Homeless Non-Veterans	Chronically Homeless Veterans	Non-Chronically Homeless Veterans	Chronic Substance Abuse	Persons with HIV/AIDS	Severely Mentally Ill	Victims of Domestic Violence	Physical Disability	Developmental Disability	Persons not represented by listed subpopulations
Adults over age 24										
Adults ages 18-24										
Children under age 18										
Total Persons	0	0	0	0	0	0	0	0	0	0

Persons in Households without Children

Characteristics	Chronically Homeless Non-Veterans	Chronically Homeless Veterans	Non-Chronically Homeless Veterans	Chronic Substance Abuse	Persons with HIV/AIDS	Severely Mentally Ill	Victims of Domestic Violence	Physical Disability	Developmental Disability	Persons not represented by listed subpopulations
Adults over age 24	22	4								
Adults ages 18-24										
Total Persons	22	4	0	0	0	0	0	0	0	0

Click Save to automatically calculate totals

Persons in Households with Only Children

Characteristics	Chronically Homeless Non-Veterans	Chronically Homeless Veterans	Non-Chronically Homeless Veterans	Chronic Substance Abuse	Persons with HIV/AIDS	Severely Mentally Ill	Victims of Domestic Violence	Physical Disability	Developmental Disability	Persons not represented by listed subpopulations
Accompanied Children under age 18										
Unaccompanied Children under age 18										
Total Persons	0				0	0	0	0	0	0

5C. Outreach for Participants

1. Enter the percentage of project participants that will be coming from each of the following locations.

30%	Directly from the street or other locations not meant for human habitation.
70%	Directly from emergency shelters.
	Directly from safe havens.
	Persons fleeing domestic violence.
100%	Total of above percentages

2. Describe the outreach plan to bring these homeless participants into the project.

The St. Louis County Coordinated Entry System will be the primary source for referrals to this project. The system is well designed and out reach into housing from chronic homeless singles is provided by the organizations that do the assessments. Duluth has two organization that CCHC partners with who do street outreach to this population and we will continue to work with them to ensure the appropriate people are provided housing as rapidly as possible.

6A. Funding Request

1. Will it be feasible for the project to be under grant agreement by September 30, 2020? Yes

2. What type of CoC funding is this project applying for in the 2018 CoC Competition? Bonus

3. Does this project propose to allocate funds according to an indirect cost rate? No

4. Select a grant term: 1 Year

* 5. Select the costs for which funding is being requested:

Acquisition/Rehabilitation/New Construction	<input type="checkbox"/>
Leased Units	<input type="checkbox"/>
Leased Structures	<input type="checkbox"/>
Rental Assistance	<input type="checkbox"/>
Supportive Services	<input checked="" type="checkbox"/>
Operating	<input checked="" type="checkbox"/>
HMIS	<input type="checkbox"/>

6F. Supportive Services Budget

Instructions:

Enter the quantity and total budget request for each supportive services cost. The request entered should be equivalent to the cost of one year of the relevant supportive service.

Eligible Costs: The system populates a list of eligible supportive services for which funds can be requested. The costs listed are the only costs allowed under 24 CFR 578.53.

Quantity AND Description: This is a required field. A quantity AND description must be entered for each requested cost. Enter the quantity in detail (e.g. 1 FTE Case Manager Salary + benefits, or child care for 15 children) for each supportive service activity for which funding is being requested. Please note that simply stating "1FTE" is NOT providing "Quantity AND Detail" and limits HUD's understanding of what is being requested. Failure to enter adequate 'Quantity AND Detail' may result in conditions being placed on an award and a delay of grant funding.

Annual Assistance Requested: This is a required field. For each grant year, enter the amount of funds requested for each activity. The amount entered must only be the amount that is DIRECTLY related to providing supportive services to homeless participants.

Total Annual Assistance Requested: This field is automatically calculated based on the sum of the annual assistance requests entered for each activity.

Grant Term: This field is populated based on the grant term selected on Screen "6A. Funding Request" and will be read only.

Total Request for Grant Term: This field is automatically calculated based on the total amount requested for each eligible cost multiplied by the grant term.

All total fields will be calculated once the required field has been completed and saved.

Additional Resources can be found at the HUD Exchange:
<https://www.hudexchange.info/e-snaps/guides/coc-program-competition-resources>

A quantity AND description must be entered for each requested cost.

Eligible Costs	Quantity AND Description (max 400 characters)	Annual Assistance Requested
1. Assessment of Service Needs		
2. Assistance with Moving Costs		
3. Case Management	1 FTE case manager wages \$39,525, benefits : \$11,065	\$50,590
4. Child Care		
5. Education Services		
6. Employment Assistance		
7. Food	\$150 per month x 12 months = \$1800	\$1,800
8. Housing/Counseling Services		
9. Legal Services		
10. Life Skills		
11. Mental Health Services		
12. Outpatient Health Services		
13. Outreach Services		

Applicant: Center City Housing

836673194

Project: Garfield Square

161433

14. Substance Abuse Treatment Services		
15. Transportation	1488 bus passes a year @\$1.50 per pass = \$2,232	\$2,232
16. Utility Deposits		
17. Operating Costs		
Total Annual Assistance Requested		\$54,622
Grant Term		1 Year
Total Request for Grant Term		\$54,622

Click the 'Save' button to automatically calculate totals.

6G. Operating

Instructions:

Enter the quantity and total budget request for each operating cost. The request entered should be equivalent to the cost of one year of the relevant operations activity.

Eligible Costs: The system populates a list of eligible operating costs for which funds can be requested. The costs listed are the only costs allowed under 24 CFR 578.55.

Quantity AND Detail: This is a required field. A quantity AND description must be entered for each requested cost. Enter the quantity in detail (e.g. .75 FTE hours and benefits for staff, utility types, monthly allowance for supplies) for each operating cost for which funding is being requested. Please note that simply stating "1FTE" is NOT providing "Quantity AND Detail" and restricts understanding of what is being requested. Failure to enter adequate "Quantity AND Detail" may result in conditions being placed on the award and a delay of grant funding.

Annual Assistance Requested: This is a required field. For each grant year, enter the amount of funds requested for each activity. The amount entered must only be the amount that is DIRECTLY related to operating the housing or supportive services facility.

Total Annual Assistance Requested: This field is automatically calculated based on the sum of the annual assistance requests entered for each activity.

Grant Term: This field is populated based on the grant term selected on Screen "6A. Funding Request" and will be read only.

Total Request for Grant Term: This field is automatically calculated based on the total amount requested for each eligible cost multiplied by the grant term.

All total fields will be calculated once the required field has been completed and saved.

Additional Resources can be found at the HUD Exchange:
<https://www.hudexchange.info/e-snaps/guides/coc-program-competition-resources>

A quantity AND description must be entered for each requested cost.

Eligible Costs	Quantity AND Description (max 400 characters)	Annual Assistance Requested
1. Maintenance/Repair		
2. Property Taxes and Insurance		
3. Replacement Reserve		
4. Building Security	4. FTE tenant assistant wages \$100,440 benefits \$8,530 ; .0 FTE Tenant Assistant Coordinator wages 4,500, Benefits 500	\$113,970
5. Electricity, Gas, and Water		
6. Furniture		
7. Equipment (lease, buy)		
Total Annual Assistance Requested		\$113,970
Grant Term		1 Year
Total Request for Grant Term		\$113,970

Click the 'Save' button to automatically calculate totals.

6l. Sources of Match

The following list summarizes the funds that will be used as Match for the project. To add a Matching source to the list, select the icon. To view or update a Matching source already listed, select the icon.

Summary for Match

Total Value of Cash Commitments:	\$50,000
Total Value of In-Kind Commitments:	\$0
Total Value of All Commitments:	\$50,000

1. Will this project generate program income as described in 24 CFR 578.97 that will be used as Match for this grant? No

Match	Type	Source	Contributor	Date of Commitment	Value of Commitments
Yes	Cash	Private	Center City Housi...	07/20/2018	\$50,000

Sources of Match Detail

- 1. Will this commitment be used towards match ?** Yes
- 2. Type of commitment:** Cash
- 3. Type of source:** Private
- 4. Name the source of the commitment:** Center City Housing Corp.
(Be as specific as possible and include the office or grant program as applicable)
- 5. Date of Written Commitment:** 07/20/2018
- 6. Value of Written Commitment:** \$50,000

6J. Summary Budget

The following information summarizes the funding request for the total term of the project. However, administrative costs can be entered in 8. Admin field below.

Eligible Costs	Annual Assistance Requested (Applicant)	Grant Term (Applicant)	Total Assistance Requested for Grant Term (Applicant)
1a. Acquisition			\$0
1b. Rehabilitation			\$0
1c. New Construction			\$0
2a. Leased Units	\$0	1 Year	\$0
2b. Leased Structures	\$0	1 Year	\$0
3. Rental Assistance	\$0	1 Year	\$0
4. Supportive Services	\$54,622	1 Year	\$54,622
5. Operating	\$113,970	1 Year	\$113,970
6. HMIS	\$0	1 Year	\$0
7. Sub-total Costs Requested			\$168,592
8. Admin (Up to 10%)			\$2,000
9. Total Assistance Plus Admin Requested			\$170,592
10. Cash Match			\$50,000
11. In-Kind Match			\$0
12. Total Match			\$50,000
13. Total Budget			\$220,592

Click the 'Save' button to automatically calculate totals.

7A. Attachment(s)

Document Type	Required?	Document Description	Date Attached
1) Subrecipient Nonprofit Documentation	No		
2) Other Attachment(s)	No	match letter	07/20/2018
3) Other Attachment(s)	No		

Attachment Details

Document Description: Non-Profit

Attachment Details

Document Description: match letter

Attachment Details

Document Description:

7D. Certification

A. For all projects:

Fair Housing and Equal Opportunity

It will comply with Title VI of the Civil Rights Act of 1964 (42 U.S.C. 2000(d)) and regulations pursuant thereto (Title 24 CFR part I), which state that no person in the United States shall, on the ground of race, color or national origin, be excluded from participation in, be denied the benefits of, or be otherwise subjected to discrimination under any program or activity for which the applicant receives Federal financial assistance, and will immediately take any measures necessary to effectuate this agreement. With reference to the real property and structure(s) thereon which are provided or improved with the aid of Federal financial assistance extended to the applicant, this assurance shall obligate the applicant, or in the case of any transfer, transferee, for the period during which the real property and structure(s) are used for a purpose for which the Federal financial assistance is extended or for another purpose involving the provision of similar services or benefits.

It will comply with the Fair Housing Act (42 U.S.C. 3601-19), as amended, and with implementing regulations at 24 CFR part 100, which prohibit discrimination in housing on the basis of race, color, religion, sex, disability, familial status or national origin.

It will comply with Executive Order 11063 on Equal Opportunity in Housing and with implementing regulations at 24 CFR Part 107 which prohibit discrimination because of race, color, creed, sex or national origin in housing and related facilities provided with Federal financial assistance.

It will comply with Executive Order 11246 and all regulations pursuant thereto (41 CFR Chapter 60-1), which state that no person shall be discriminated against on the basis of race, color, religion, sex or national origin in all phases of employment during the performance of Federal contracts and shall take affirmative action to ensure equal employment opportunity. The applicant will incorporate, or cause to be incorporated, into any contract for construction work as defined in Section 130.5 of HUD regulations the equal opportunity clause required by Section 130.15(b) of the HUD regulations.

It will comply with Section 3 of the Housing and Urban Development Act of 1968, as amended (12 U.S.C. 1701(u)), and regulations pursuant thereto (24 CFR Part 135), which require that to the greatest extent feasible opportunities for training and employment be given to lower-income residents of the project and contracts for work in connection with the project be awarded in substantial part to persons residing in the area of the project.

It will comply with Section 504 of the Rehabilitation Act of 1973 (29 U.S.C. 794), as amended, and with implementing regulations at 24 CFR Part 8, which prohibit discrimination based on disability in Federally-assisted and conducted programs and activities.

It will comply with the Age Discrimination Act of 1975 (42 U.S.C. 6101-07), as amended, and implementing regulations at 24 CFR Part 146, which prohibit discrimination because of age in projects and activities receiving Federal financial assistance.

It will comply with Executive Orders 11625, 12432, and 12138, which state that program participants shall take affirmative action to encourage participation by businesses owned and operated by members of minority groups and women.

If persons of any particular race, color, religion, sex, age, national origin, familial status, or disability who may qualify for assistance are unlikely to be reached, it will establish additional procedures to ensure that interested persons can obtain information concerning the assistance.

It will comply with the reasonable modification and accommodation requirements and, as appropriate, the accessibility requirements of the Fair Housing Act and section 504 of the Rehabilitation Act of 1973, as amended.

Additional for Rental Assistance Projects:

If applicant has established a preference for targeted populations of disabled persons pursuant to 24 CFR part 578 or 24 CFR 582.330(a), it will comply with this section's nondiscrimination requirements within the designated population.

B. For non-Rental Assistance Projects Only.

15-Year Operation Rule.

Applicants receiving assistance for acquisition, rehabilitation or new construction: The project will be operated for no less than 15 years from the date of initial occupancy or the date of initial service provision for the purpose specified in the application.

1-Year Operation Rule.

Applicants receiving assistance for supportive services, leasing, or operating costs but not receiving assistance for acquisition, rehabilitation, or new construction: The project will be operated for the purpose specified in the application for any year for which such assistance is provide

Where the applicant is unable to certify to any of the statements in this certification, such applicant shall provide an explanation.

Name of Authorized Certifying Official: Richard Klun

Date: 09/01/2018

Title: Executive Director

Applicant Organization: Center City Housing Corp.

PHA Number (For PHA Applicants Only):

I certify that I have been duly authorized by the applicant to submit this Applicant Certification and to ensure compliance. I am aware that any false, fictitious, or fraudulent

X

**statements or claims may subject me to
criminal, civil, or administrative penalties .
(U.S. Code, Title 218, Section 1001).**

8B. Submission Summary

Applicant must click the submit button once all forms have a status of Complete.

Page		Last Updated
1A. SF-424 Application Type		No Input Required
New Project Application FY2018	Page 47	09/04/2018

1B. SF-424 Legal Applicant	No Input Required
1C. SF-424 Application Details	No Input Required
1D. SF-424 Congressional District(s)	08/27/2018
1E. SF-424 Compliance	07/19/2018
1F. SF-424 Declaration	07/19/2018
1G. HUD 2880	07/19/2018
1H. HUD 50070	07/19/2018
1I. Cert. Lobbying	07/19/2018
1J. SF-LLL	07/19/2018
2A. Subrecipients	No Input Required
2B. Experience	07/19/2018
3A. Project Detail	07/19/2018
3B. Description	08/27/2018
3C. Expansion	07/19/2018
4A. Services	07/20/2018
4B. Housing Type	07/20/2018
5A. Households	07/20/2018
5B. Subpopulations	No Input Required
5C. Outreach	07/19/2018
6A. Funding Request	07/19/2018
6F. Supp Srvcs Budget	08/27/2018
6G. Operating	08/27/2018
6I. Match	07/20/2018
6J. Summary Budget	No Input Required
7A. Attachment(s)	07/20/2018
7D. Certification	07/20/2018



July 19, 2018

Christine Michele Goatley
CPD Representative
US Department of Housing and Urban Development, CPD Division
920 2nd Ave South, Suite 1300
Minneapolis, MN 55402

Dear Christine,

Center City Housing Corp. is submitting multiple applications to HUD for funding through the CoC Supportive Housing Program. We (CCHC) are committing the following in Match funds for each of the projects listed:

<u>Project</u>	<u>CCHC MATCH</u>
Sheila's Place	\$10,000
Transitional Housing	\$38,000
Memorial Park	\$15,000
Silver Creek Corner	\$28,813
The Francis	\$30,431
River Crest	\$10,089
Steve O'Neil Apartments	\$30,000
Gage East	\$21,500
New San Marco	\$16,000
Garfield Square	\$50,000

All funds will be available on the first day of the contract year for each project. Please let me know if you need any further information or have questions.

Sincerely,

A handwritten signature in blue ink, appearing to read "Rick Klun", with a long horizontal flourish extending to the right.

Rick Klun
Executive Director

105 1/2 WEST FIRST STREET
DULUTH, MN 55802
PHONE (218) 722-7161 : FAX (218) 720-3483